

## HAWAII TRANSPORTATION PERSONNEL QUALIFICATION PROGRAM REGISTRATION FORM

Name: Position/Title:	Employer:
Home Address:	Employer's Address:
Home Phone #:	Employer's Phone #:
E-mail Address:	Current ACI or Other Qualification #: (Submit copies if applicable)

**Check one:**      Original Qualification   ☐                      Renewal of Qualification   ☐

**Mailing address to be used:**      Home   ☐                                      Employer   ☐

Desired Qualifications (select only one qualification area per registration form)	
<input type="checkbox"/> Aggregate Module <input type="checkbox"/> Asphalt Module <input type="checkbox"/> Concrete Module <input type="checkbox"/> Soil Module <input type="checkbox"/> Field Sampling and Testing Module	Examination Fee _____ _____ _____ _____ _____

### Examination date and location

First Choice		Second Choice	
Date	Location	Date	Location

Personnel seeking qualification in one of the designated qualification modules should consult the Material Testing and Research Branch for qualification criteria, policies, requirements and general information. The person's full name and qualification information will be recorded upon successful completion of the qualification requirements.

<input type="checkbox"/> Passed Qualification Date: _____  _____ Materials Testing and Research Engineer	<input type="checkbox"/> Failed Qualification Date: _____
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